

VIDEOTAPE RETURNS

SUPPORTING DIRECTIVE BUPERSINST 1710.15A

ACCOUNT NUMBER:	SITE NAME:
VIDEOTAPES MUST BE SHIPPED VIA TRACEABLE MEANS AND INSURED FOR AT LEAST \$100.00.	
<p><u>WHEN USING U.S. MAIL SEND TO</u></p> <p>NAVY MOTION PICTURE SERVICE P O BOX 606 MILLINGTON, TN 38053-0606</p>	<p><u>WHEN USING OTHER CARRIERS SEND TO</u></p> <p>NAVY MOTION PICTURE SERVICE 7736 KITTYHAWK AVE, BLDG 457 MILLINGTON, TN 38054-6510</p>

PROGRAM NUMBER (ALL 7 DIGITS)	TITLE OF MOVIE	EXPIRED MOVIE	RETURNED EARLY	DAMAGED MOVIE REPLACE	
				YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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MAKE AS MANY COPIES OF THIS FORM AS REQUIRED TO IDENTIFY BOX CONTENTS

SIGNATURE:	DATE:
NAME/RANK/POSITION:	
COMMERCIAL/DSN PHONE NUMBER:	FAX: